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| <b>CENTRAL OFFICE USE ONLY</b><br>Special Programs                  | <b>TANGIPAOHA PARISH SCHOOL SYSTEM</b><br><b>59656 PULESTON ROAD</b><br><b>AMITE, LA 70422-5616</b><br><b>EXTRACURRICULAR TRIP REPORT</b><br><br><b>BUS DRIVER</b> | <b>CENTRAL OFFICE USE ONLY</b><br>Transportation                    |
| SALARY CODE<br>ORG/OBJ/PROJECT CODE<br>10273100/511616/GF0 _____    |                                                                                                                                                                    | SALARY CODE<br>ORG/OBJ/PROJECT CODE<br>10272100/511616/GF0 _____    |
| OPERATION CODE<br>ORG/OBJ/PROJECT CODE<br>10273300/544216/GF0 _____ |                                                                                                                                                                    | OPERATION CODE<br>ORG/OBJ/PROJECT CODE<br>10272300/544216/GF0 _____ |
| <b>SCHOOL MAKING TRIP:</b>                                          |                                                                                                                                                                    | <b>BUS NO:</b>                                                      |
| <b>DESTINATION</b>                                                  |                                                                                                                                                                    | <b>CHECK ONE:</b>                                                   |
| SCHOOL OR LOCATION                                                  |                                                                                                                                                                    | <b>CONTRACT</b>                                                     |
| <b>PURPOSE:</b>                                                     |                                                                                                                                                                    | <b>BOARD-OWNED</b>                                                  |
|                                                                     |                                                                                                                                                                    | <b>SCHOOL-OWNED</b>                                                 |

|                                                                                  |                                                                                       |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>BUS DRIVER - EMP. NO:</b>                                                     | <b>BUS OWNER - EMP. NO</b>                                                            |
| <b>Name:</b>                                                                     | <b>Name:</b>                                                                          |
| <b>Address:</b>                                                                  | <b>Address:</b>                                                                       |
|                                                                                  |                                                                                       |
| <b>City, St Zip:</b>                                                             | <b>City, St Zip:</b>                                                                  |
| <b>DRIVER REQUESTS PAYMENT FOR DRIVING TIME:</b><br><br>YES <b>G</b> NO <b>G</b> |  |
| <b>SIGNATURE</b>                                                                 |                                                                                       |
| <b>TRIP TIME</b>                                                                 | <b>ODOMETER READINGS</b>                                                              |
| <b>TIME OF DEPARTURE</b>                                                         | <b>START</b> <span style="float: right;"><b>MILES</b></span>                          |
| <b>TIME OF RETURN</b>                                                            | <b>END</b> <span style="float: right;"><b>MILES</b></span>                            |
| <b>TOTAL HOURS</b>                                                               | <b>TOTAL MILES</b>                                                                    |
| X RATE ( \$15.00 ) = \$                                                          | X RATE (         ) = \$                                                               |
| <b>X BENEFIT 35 % = TOTAL= \$</b>                                                | <b>TOTAL COST \$</b>                                                                  |

|                                                    |                                                                            |
|----------------------------------------------------|----------------------------------------------------------------------------|
| <b>DATE</b>                                        | <b>PRINCIPAL'S SIGNATURE</b>                                               |
| <b>FOR CENTRAL OFFICE USE – DO NOT WRITE BELOW</b> |                                                                            |
| <b>APPROVED:</b>                                   |                                                                            |
| DIRECTOR OF SPECIAL PROGRAM                        | TRANSPORTATION SUPERVISOR                                                  |
| <b>CHECK #</b>                                     | <b>CHECK AMOUNT \$</b> <span style="float: right;"><b>INVOICE #</b></span> |